

FO2312648
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Supervisors Use of force form

Investigative Summary

Transcribed Interviews:

Involved Deputies

Deputy Robert Lavoie

Deputy Nicholas Saldivar

Exhibits

- A- Incident Report, Supplemental Reports, Medical Information, In-Services
- B- CD containing Radio Traffic of Deputy Lavoie advising he is holding the suspect at gun point
- C- CD containing witness and suspect interviews
- D- Photo of suspect's injuries
- E- CD containing audio of call for service

Miscellaneous Documents

Chiefs Memo
Administrative Rights/ Force/Shooting Review Forms (2)
Criminal History Report
Miscellaneous case photographs

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 9 1 2 - 0 6 4 7 4 - 2 1 1 8 - 0 5 3		Date: 5/9/12	Time: 1830
Location:	Phillips Avenue	City or Station:	Lynwood
Bureau/Station/Facility:	Field Operations Region II/ Century Sheriff's Station	Admin. Investigation:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Type of Force:	Significant Force-Skeletal Fractures, Head Strike		
Deputy Injury : YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. [REDACTED]	Emp: [REDACTED]	IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Involved Employee

E 1	Employee # [REDACTED]	Last Name	Lavoie	First Name	Robert	Middle Name	
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Hispanic	Unit of Assignment:	Century Station	Work Assignment (Unit #, Module, etc.):	212E1
Shift:	<input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
					[REDACTED]	507	225
<input checked="" type="checkbox"/> Injured	<input type="checkbox"/> Treated	<input type="checkbox"/> Admitted	Hospital: U.S. Health Works, Compton			Coroner Case #	Directed Force <input type="checkbox"/>
							Significant Force <input checked="" type="checkbox"/>

E 2	Employee # [REDACTED]	Last Name	Saldivar	First Name	Nicholas	Middle Name	
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	White	Unit of Assignment:	Century Station	Work Assignment (Unit #, Module, etc.):	212D
Shift:	<input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
					[REDACTED]	510	200
<input type="checkbox"/> Injured	<input type="checkbox"/> Treated	<input type="checkbox"/> Admitted	Hospital:			Coroner Case #	Directed Force <input type="checkbox"/>
							Significant Force <input checked="" type="checkbox"/>

E	Employee # [REDACTED]	Last Name		First Name		Middle Name	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	
Shift:	<input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift	<input type="checkbox"/> OT Shift	<input type="checkbox"/> Off Duty	Age:	Height:	Weight:
<input type="checkbox"/> Injured	<input type="checkbox"/> Treated	<input type="checkbox"/> Admitted	Hospital:			Coroner Case #	Directed Force <input type="checkbox"/>
							Significant Force <input type="checkbox"/>

☐ Additional Involved Employees

On Duty Supervisor

Emp. # [REDACTED]	Last Name	Navarrete	First Name	Ronald	Middle Name	Rank	SGT	Present	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Witness to Incident	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. # [REDACTED]	Last Name		First Name		Middle Name	Rank		Present	YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident	YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. # [REDACTED]	Last Name	[REDACTED]	First Name	[REDACTED]	Middle Name
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Watch Commander

Emp. # [REDACTED]	Last Name	Nathan	First Name	Daniel	Middle Name
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Lieutenant Daniel Nathan

Watch Commander (Print Name)

Sergeant Brenda Parker

Supervisor Completing Form: (Print Name)

Captain Joseph Gooden

Unit Commander (Print Name)

Watch Commander's Signature:

Emp #:

Date

Emp #:

Copy Provided to Employee by:

Emp #:

Unit Commander's Signature:

Emp #:

Date

DISCOVERY Use Only

FO#

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information									
Last Name		Marquez		First Name		Freddy		Middle Name	
AKA Last Name				First Name				Middle Name	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: Hispanic		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age: 34		Height: 600		D.O.B. 04/15/78	
						Weight: 280		Armed? <input checked="" type="checkbox"/>	
Booking #: 3151280		Primary Charge Code: 245(a) (1) P.C.		Secondary Charge Code: 245(c) P.C.		Criminal History			
EMT in attendance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name: L.A. County Fire Department		Unit: 148		Phone #: N/A			
Hospital Admission? <input checked="" type="checkbox"/>		Rec'd Treatment At: St. Francis Medical Center		Coroner Case #:		Mental History <input checked="" type="checkbox"/>			
By Doctor: Karen Chang		Address: 3630 E. Imperial Hwy, Lynwood, CA 90262		Phone #: (310) 900-4525					
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Substance:				Mental Illness <input checked="" type="checkbox"/>			
Suspect Interview									
Date: 05/10/12		Time: 0241		Audiotape: <input type="checkbox"/>		Videotape: <input checked="" type="checkbox"/>		Photos of Injuries: <input checked="" type="checkbox"/>	

S

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:		Height:		D.O.B.	
						Weight:		Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>			
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/>			
By Doctor:		Address:		Phone #:					
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness: <input type="checkbox"/>			
Suspect Interview									
Date:		Time:		Audiotape: <input type="checkbox"/>		Videotape: <input type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>	

S

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:		Height:		D.O.B.	
						Weight:		Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>			
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/>			
By Doctor:		Address:		Phone #:					
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness <input type="checkbox"/>			
Suspect Interview									
Date:		Time:		Audiotape: <input type="checkbox"/>		Videotape: <input type="checkbox"/>		Photos of Injuries: <input type="checkbox"/>	

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name Vargas Machucha	First Name Michael	Middle Name E.
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age 32	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age 30	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

9 . 2 - 0 6 4 7 4 - 2 1 1 8 - 0 5 3

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]